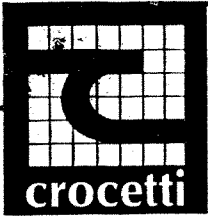


# Exhibit 17

## Part B





C E R A M I C  
M A R B L E  
G R A N I T E  
T E R R A Z Z O

3960 Merritt Ave.  
BRONX, NY 10466

Phone (718) 994-0900  
Fax (718) 994-4505

## WORK ORDER

3134

PROJECT NAME BARUCH COLLEGE		JOB NO. 78-106	DATE 12/12/01
ADDRESS 25 <sup>TH</sup> LEX AVE NYC		PREPARED BY R GARDNER	
FLOOR/LEVEL	SPACE/AREA	FIELD/WORK ORDER	
SEND INVOICE TO TARAROUS CONST.		ATTENTION	
DESCRIPTION OF WORK	DATE WORK PERFORMED 12/12	PX NO. (PENDING EXTRA) ND <del>1153</del> 1523	
INSTALL MEMBRANE WITH MESH @ R-3 LEVEL			

## LABOR SUMMARY

T	M	E	TR	CLASSIFICATION	NO. OF MEN	REG. HOURS	PREM. HOURS	DOUBLE TIME	TOTAL HOURS		
									RT	PT	DT
				GENERAL FOREMAN							
			1	MECHANIC FOREMAN	1	7			7		
			1	MECHANIC	1	7			7		
				FINISHER FOREMAN							
			2	FINISHER	2	14			14		
				MARBLE POLISHER FOREMAN (SHOP)							
				MARBLE POLISHER (SHOP)							
				TRUCK DRIVER							
				WAREHOUSE							
				FOREMAN HELPERS							

**T = Tile      M = Marble      TR = Terrazzo      E = Exterior**

## MATERIAL AND EQUIPMENT

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENSION
28	UNITS OF MEN BRANE		
5	ROLLS MESH		
2	UNITS OF EPOXY (FOR CRACKS)		
	"This acknowledgement is for time and material only, and is not an acknowledgement that the work involved is in fact a contract modification."		
		SALES TAX	
		TOTAL →	

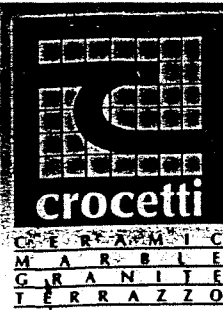
Prepare a separate work order daily for each job.  
Do not combine jobs/days.

Prepare a separate work order daily for each job involved.  
Do not combine jobs/days.

Customer authorized representative (sign)

(Print)

**G.M.C. Representative**



9960 Merritt Ave.  
BRONX, NY 10466

Phone (718) 994-0900  
Fax (718) 994-4505

WORK ORDER

3574

ND # 1288

PROJECT NAME <b>BARUCH COLLEGE</b>		JOB NO. <b>98-106</b>	DATE <b>1/28/02</b>
ADDRESS <b>255 LEX AVE NYC.</b>		PREPARED BY <b>R. GARDNER</b>	
FLOOR/LEVEL	SPACE/AREA	FIELD/WORK ORDER	
SEND INVOICE TO <b>TRATTAOUS</b>		ATTENTION	
DESCRIPTION OF WORK <b>CONST.</b>		PX NO. (PENDING EXTRA)	
DATE WORK PERFORMED <b>1/17 THRU</b>			

**Floor 2 & Ground - Patch Epoxy floor BASE Chipped nosing on step**  
LABOR SUMMARY

T	M	E	TR	CLASSIFICATION	NO. OF MEN	REG. HOURS	PRIME HOURS	DOUBLE TIME	TOTAL HOURS
				GENERAL FOREMAN					
			1	MECHANIC FOREMAN	1	7			7
				MECHANIC					
				FINISHER FOREMAN					
			1	FINISHER	1	7			7
				MARBLE POLISHER FOREMAN (SHOP)					
				MARBLE POLISHER (SHOP)					
				TRUCK DRIVER					
				WAREHOUSE					
				FOREMAN HELPERS					

T = Tile M = Marble (TR) = Terrazzo E = Exterior

## MATERIAL AND EQUIPMENT

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENSION
	EXTRA		
	"This acknowledgement is for time and material only, and is not an acknowledgement that the work involved is in fact a contract modification."		
		SALES TAX	
		TOTAL	

Prepare a separate work order daily for each job.  
Do not combine jobs/days.

Customer authorized representative (sign)

(Print)

G.M.C. Representative



C E R A M I C  
M A R B L E  
G R A N I T E  
T E R R A Z Z O

# WORK ORDER

3575

ND # 1288

PROJECT NAME <b>BURUCH COLLEGE</b>		JOB NO.	DATE <b>1/28/02</b>
ADDRESS <b>25<sup>ST</sup> + LEX AVE NYC</b>		PREPARED BY <b>M. GARDNER</b>	
FLOOR/LEVEL	SPACE/AREA	FIELD/WORK ORDER	
SEND INVOICE TO <b>TRATAROUS Const.</b>		ATTENTION	
DESCRIPTION OF WORK	DATE WORK PERFORMED <b>1/18 THU</b>	PX NO. (PENDING EXTRA)	
<b>Patching + Grinding BASE - Floor &amp; NOSEING ON STEPS</b> <b>B-1 - B-2</b>			

T	M	E	TR	CLASSIFICATION	NO. OF MEN	REG. HOURS	PREM. HOURS	DOUBLE TIME	TOTAL HOURS		
									RT	OT	LT
				GENERAL FOREMAN							
			1	MECHANIC FOREMAN	1	7			7		
				MECHANIC							
				FINISHER FOREMAN							
			1	FINISHER	1	7			7		
				MARBLE POLISHER FOREMAN (SHOP)							
				MARBLE POLISHER (SHOP)							
				TRUCK DRIVER							
				WAREHOUSE							
				FOREMAN HELPERS							

## MATERIAL AND EQUIPMENT

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENSION
	Extra		
	"This acknowledgement is for time and material only, and is not an acknowledgement that the work involved is in fact a contract modification."		
		SALES TAX	
Prepare a separate work order daily for each job. Do not combine jobs/days.		TOTAL	

Customer authorized representative (sign)

(Print)

**G.M.C. Representative**

Phone (718) 994-0900  
Fax (718) 994-4505

# WORK ORDER

১৩৭

MD # 1288

PROJECT NAME <b>BARUCH COLLEGE</b>		JOB NO. <b>98-106</b>	DATE <b>1/28/02</b>
ADDRESS <b>25<sup>ST</sup> &amp; LEX AVE. NYC.</b>		PREPARED BY <b>A. GARDNER</b>	
FLOOR/LEVEL	SPACE/AREA	FIELD/WORK ORDER	
SEND INVOICE TO <b>TRATARUS CONIT</b>		ATTENTION	
DESCRIPTION OF WORK	DATE WORK PERFORMED <b>1/21 MON</b>	PX NO. (PENDING EXTRA)	

GRIND & PATCH EPOXY FLOOR - BASE - STEP MOSING B-2-B3

A.T.	M.	E.	TR.	CLASSIFICATION	NO. OF MEN	REG. HOURS	PREM. HOURS	DOUBLE TIME	TOTAL HOURS		
									RT	OT	DT
				GENERAL FOREMAN							
			1	MECHANIC FOREMAN	1	7			7		
				MECHANIC							
				FINISHER FOREMAN							
			1	FINISHER	1	7			7		
				MARBLE POLISHER FOREMAN (SHOP)							
				MARBLE POLISHER (SHOP)							
				TRUCK DRIVER							
				WAREHOUSE							
				FOREMAN HELPERS							

T = Tile      M = Marble      TR = Terrazzo      E = Exterior

## MATERIAL AND EQUIPMENT

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENSION
-	Extra		
	"This acknowledgement is for time and material only, and is not an acknowledgement that the work involved is in fact a contract modification."		
		SALES TAX	

Prepare a separate work order daily for each job.  
Do not combine jobs/days.

TOTAL →

Prepare a separate work order daily for each job.  
Do not combine jobs/days.

Customer authorized representative (sign)

(Print)

**G.M.C. Representative**

**Contractor's Proposal**

**Dated: 10/31/02**

**Change Order No.: GC2-182**

**Trataros Construction, Inc.**

c/o Baruch College  
55 Lexington Avenue  
New York, New York 10010  
Tel.: (646)935-0101 Fax.: (646)535-0757

October 31, 2002

TDX  
137 East 25th Street  
New York, New York 10010

Att: Mr. Ray Leu

Re: Baruch Academic Complex  
GC 2 - Contract #16  
Change Order Proposal #351  
Title: Crocetti T&M Invoices

Dear Mr. Leu;

We hereby submit costs submitted by GM Crocetti for additional work performed on a time and material basis. Ticket nos. 3116 - 3119, 3131 - 3134 and 3574 - 3576 have been included in this proposal.

Our cost for the above mentioned totals (\$20,732.00) Twenty thousand, seven hundred and thirty two dollars. See enclosed itemized breakdown provided by GM Crocetti.

Subcontractor Base Cost (Labor & Material)	\$	15,304.72
Subcontractor Premium Cost	\$	1,101.24
Subcontractor OH&P on Base Cost	\$	3,060.94
GC Overhead & Profit	\$	1,265.24
<b>Total</b>	<b>\$</b>	<b>20,732.14</b>

Please also be advised that, notwithstanding the release and schedule analysis contained in this proposal, this proposal does not include costs associated with any cost or time impact which the work encompassed therein may have on the contract work or work encompassed by any other changes, and Trataros Construction reserves its rights concerning any such impact, as well as its right to seek an appropriated extension of time.

Sincerely,

  
Athena Curis  
Project Manager

cc: TCI Office - files  
encl.: Ticket nos. 3116-3119, 3131-3134, 3574-3576



\*\*\* TOTAL PAGE 02 \*\*\*

GMC WO#(s)	GMC Invoice	Request for Proposal Dated 10/28/02	Premium Time				Straight Time				Material
			Mechanics Hours	Foreman Hours	Finisher Double Time	Finisher Hours	Mechanics Hours	Foreman Hours	Finisher Hours	Material	
3116	C-11643	Cut "V" Joints @ Premium Time Sat. 12/1/01		7					7		
3117	C-11644	Cut "V" Joints @ Double Time Sun. 12/2/01			7						
3118	C-11645	Cut "V" Joints & Epoxy Joints on Level B-3					7		7		
3118	C-11646	Cut "V" Joints & Epoxy Joints on Level B-3					7		7		
3131	C-11648	Cut Terrace Base to Fit Circular Wall on B-3					12		12		
3133	C-11649	Installed Membrane w/ Mesh @ B-3 Sat. 12/2	7				7		7		
3134	C-11676	Installed Membrane w/ Mesh on Level B-3					7		7		3,474.00
3174	C-11381	Painting/Grinding - Chipped Rebar/Finer					7		7		
3175	C-11381	Patching/Grinding of Base, Floor & Steps					7		7		
3176	C-11385	Patching/Grinding - Chipped Steps/Floor					7		7		
3132		Installed Membrane w/ Mesh on Level B-3					7		7		
		Total Hours	7	7	7	7	68	33	28	58	\$3,474.00

TRATAROS CONST BARUCH

Premium Time/Double Time  
 7 Premium Time Mechanic Foreman Hours  
 7 Premium Time Mechanic Hours  
 7 Premium Time Finisher Foreman Hours  
 7 Double Time Finisher Foreman Hours  
 7 Premium Time Finisher Hours

\$27.88 = \$183.76  
 \$27.88 = \$183.76  
 \$28.91 = \$183.76  
 \$48.18 = \$183.76  
 \$28.88 = \$183.76

\$1,101.24

Straight Time  
 58 Mechanic Foreman Hours  
 33 Mechanic Hours  
 28 Finisher Foreman Hours  
 55 Finisher Hours

\$4,581.16  
 \$2,040.72  
 \$1,339.32  
 \$3,389.52  
 \$11,830.72

Material =

10% Overhead =  
 10% Profit =

\$9,474.00  
 \$15,304.72  
 \$1,530.47  
 \$1,530.47

\$18,385.55

Grand Total = \$18,485.90

TCI # 251

0003

Page 1

88105

P. 02/02

7189944525 TO 16463121511

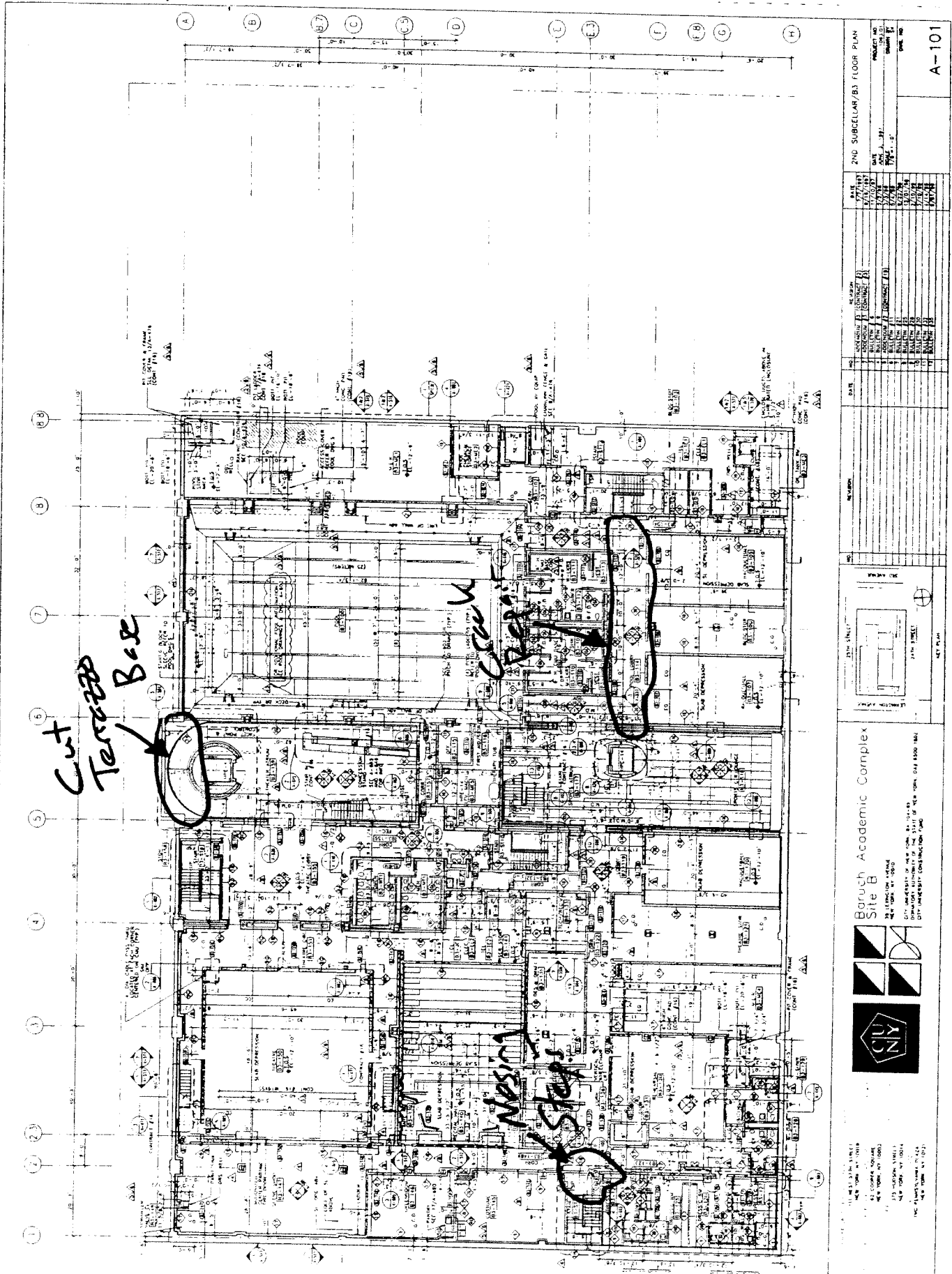
OCT 31 2002 10:21 FR GM CROCCETTI

## **Reference Documents**

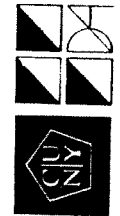
**Change Order No.: GC2-182**

### **DRAWINGS:**

<b>A-101</b>	<b>2<sup>ND</sup> SUBCELLAR / B3 FLOOR PLAN</b>
<b>A-102</b>	<b>SUBCELLAR / B2 FLOOR PLAN</b>
<b>A-103</b>	<b>CELLAR / B1 FLOOR PLAN</b>
<b>A-104</b>	<b>GROUND FLOOR PLAN</b>
<b>A-105</b>	<b>2<sup>ND</sup> FLOOR PLAN</b>



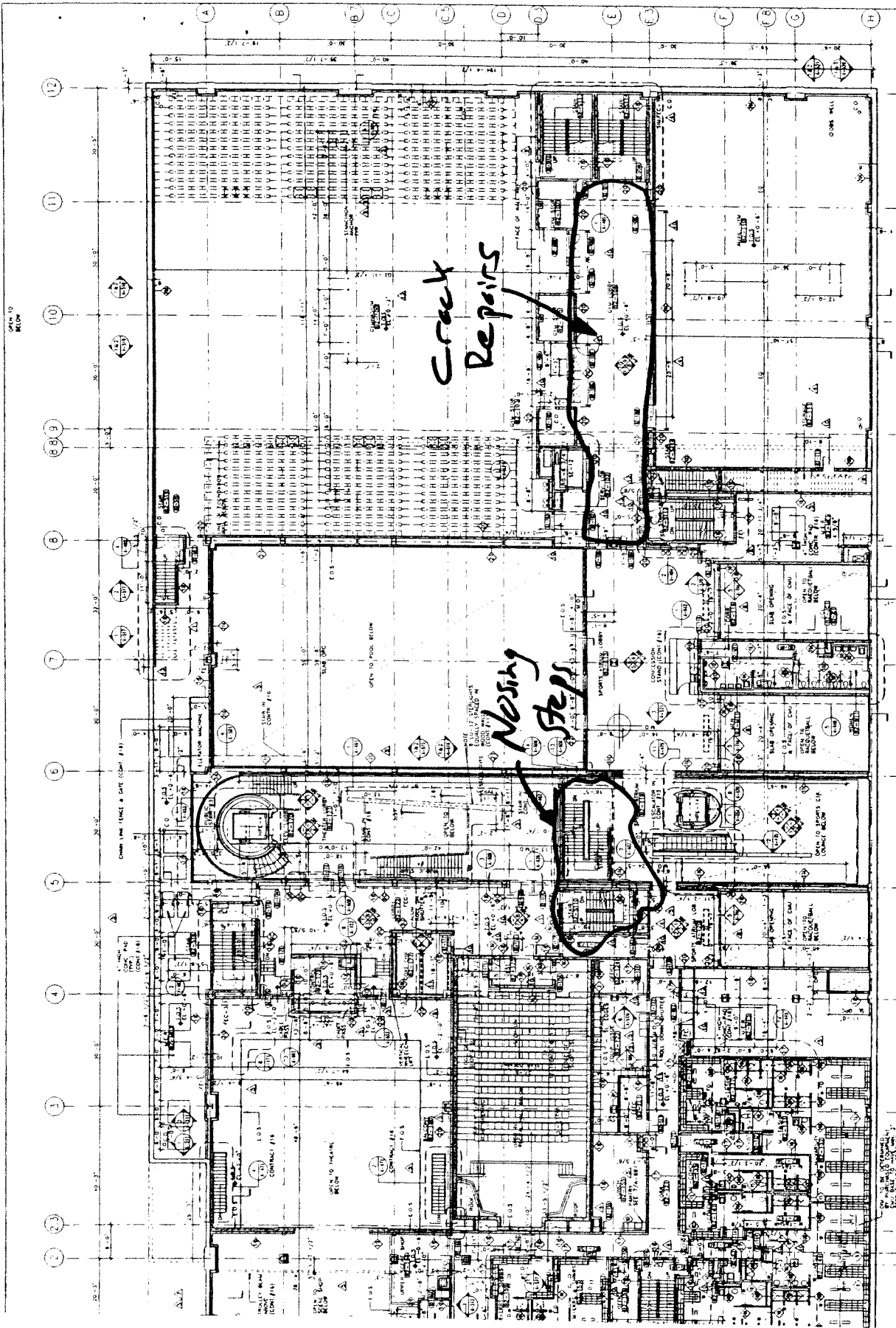
Baruch Academic Complex  
Site B  
25 FIFTH AVENUE  
NEW YORK, NY 10003  
DATE: 08/01/08  
BY: [Signature]  
CITY: NEW YORK, NY 10003



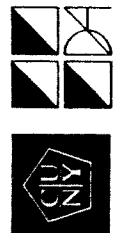
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DATE	REVISION	BY	APP'D
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A-101



Baruch Academic Complex - Site B



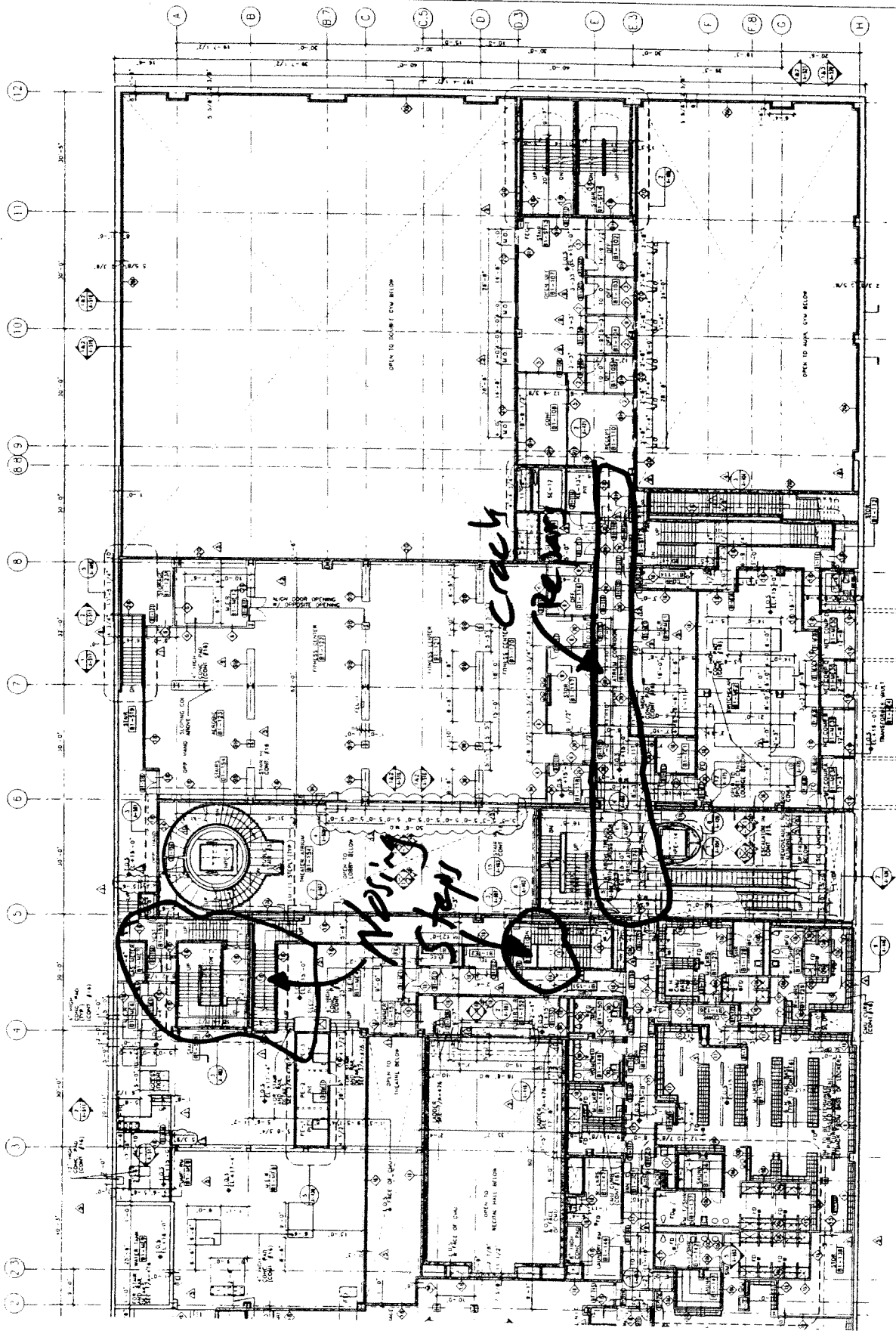
NOTES:  
 1. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 1.  
 2. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 2.  
 3. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 3.  
 4. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 4.  
 5. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 5.  
 6. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 6.  
 7. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 7.  
 8. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 8.  
 9. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 9.  
 10. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 10.  
 11. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 11.  
 12. SEE GENERAL NOTES TO ARCHITECTURE, VOLUME 12.

SUBCELLAR/82 FLOOR PLAN

NO.	REVISION	DATE
1	ISSUED FOR PERMIT	10/1/07
2	ISSUED FOR PERMIT	10/1/07
3	ISSUED FOR PERMIT	10/1/07
4	ISSUED FOR PERMIT	10/1/07
5	ISSUED FOR PERMIT	10/1/07
6	ISSUED FOR PERMIT	10/1/07
7	ISSUED FOR PERMIT	10/1/07
8	ISSUED FOR PERMIT	10/1/07
9	ISSUED FOR PERMIT	10/1/07
10	ISSUED FOR PERMIT	10/1/07
11	ISSUED FOR PERMIT	10/1/07
12	ISSUED FOR PERMIT	10/1/07

A-102





**Baruch Academic Complex  
Site B**

ARCHITECT: A.C. [Logo]  
 450 10TH STREET  
 NEW YORK, NY 10014  
 PHONE: (212) 352-1234  
 FAX: (212) 352-1235  
 E-MAIL: [Email Address]  
 WWW: [Website]

DESIGNED BY: [Firm Name]  
 1234 5TH AVENUE  
 NEW YORK, NY 10014  
 PHONE: (212) 352-1234  
 FAX: (212) 352-1235  
 E-MAIL: [Email Address]  
 WWW: [Website]

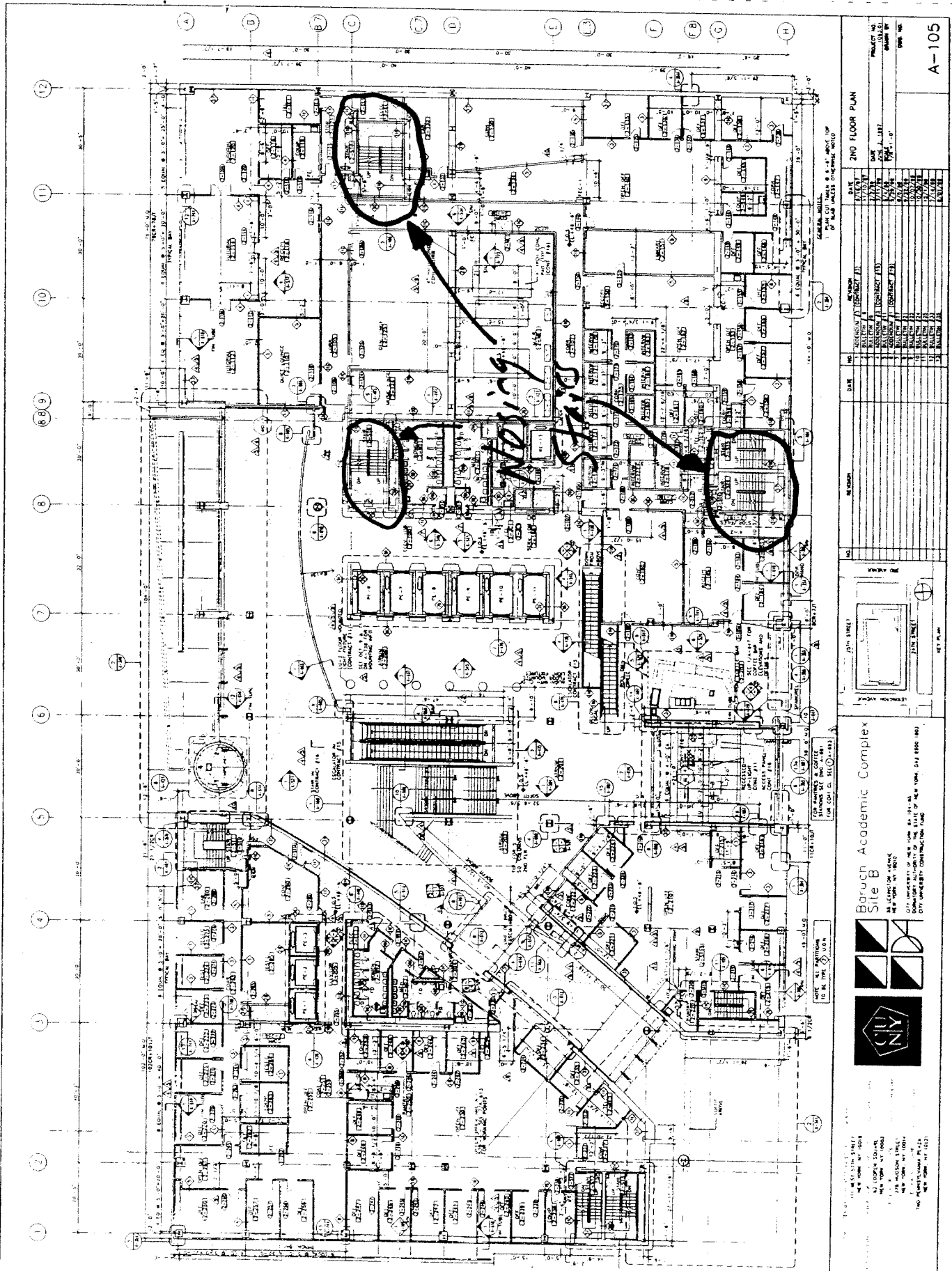
DATE: 10/1/07  
 PROJECT NO.: 100-100-100  
 SHEET NO.: 100-100-100  
 SCALE: 1/8" = 1'-0"

**CELLAR/B1 FLOOR PLAN**

DATE: 10/1/07  
 PROJECT NO.: 100-100-100  
 SHEET NO.: 100-100-100  
 SCALE: 1/8" = 1'-0"

**A-103**





**Approved Wage Rates**

**Change Order No.: GC2-182**



DORMITORY AUTHORITY OF THE STATE OF NEW YORK  
515 Broadway  
Albany, New York 12207

## LABOR RATE WORKSHEET

Contractor Name: <u>G.M. CROCETTI INC</u>		Date: <u>9/26/02</u>	
Address: <u>3960 MERRITT AVENUE</u>		DASNY Project No.: _____	
<u>BRONX NY 10466</u>		Location: <u>BARUCH COLLEGE</u>	
Telephone No.: <u>718 994 0900</u>			
LABOR RATE BREAKDOWN (Use a separate sheet for each trade and classification)			
Trade: <u>TERMINAL MECHANIC - FOREMAN</u>			
Check One Box Only: Union Shop: <input checked="" type="checkbox"/> Local #: <u>7</u>			
Open Shop: <input type="checkbox"/>			
Effective Dates for Wage Rates: From <u>7/01/01</u> To <u>12/31/01</u>			
		REGULAR TIME	PREMIUM TIME
A. BASE RATE PER HOUR		<u>\$ 31.82</u>	<u>47.82</u> <u>63.25</u>
BENEFITS: (Check All Taxable Benefits That Apply)	Taxable Benefits	% per hour	\$ per hour
Vacation & Holiday	<input checked="" type="checkbox"/>	%	\$ 2.00
Health & Welfare	<input type="checkbox"/>	%	\$ 5.60
Pension	<input type="checkbox"/>	%	\$ 4.15
Annuity	<input type="checkbox"/>	%	\$ 3.00
INT'L BAC PAY	<input checked="" type="checkbox"/>	%	\$ .03
LOCAL PAC	<input checked="" type="checkbox"/>	%	\$ .02
DEFENSE FUND	<input checked="" type="checkbox"/>	%	\$ .05
TRAVEL EXPENSE	<input checked="" type="checkbox"/>	%	\$ 1.42
INT'L PENSION	<input type="checkbox"/>	%	\$ 1.50
IM I	<input type="checkbox"/>	%	\$ .22
PROMOTIONAL FUND	<input type="checkbox"/>	%	\$ .10
BUILDING FUND	<input checked="" type="checkbox"/>	%	\$ .10
WELFARE SUB FUND	<input type="checkbox"/>	%	\$ 2.00
FOREMAN'S PAY	<input checked="" type="checkbox"/>	%	\$ 4.29
B. TOTAL BENEFITS PER HOUR			<u>\$ 24.48</u>
PAYROLL TAXES AND INSURANCE			
FICA		7.65%	3.02
Federal Unemployment		.80%	.32
State Unemployment		3.70%	1.47
Workmen's Compensation		0.63%	3.43
Disability		.40%	.16
<u>CA</u>		6.50%	2.59
		%	2.59
(Hourly base rate plus taxable benefits) \$ _____ times _____ %			
C. TOTAL TAXES AND INSURANCE PER HOUR		<u>\$ 11.21</u>	<u>14.35</u> <u>18.09</u>
D. TOTAL LABOR RATE (A + B + C) =		<u>\$ 67.33</u>	<u>95.05</u> <u>117.12</u>
SECTION D: CONTRACTOR'S CERTIFICATION			
I certify that the labor rates on this worksheet are the applicable prevailing wage rates, and that the labor rates, insurance costs, labor fringe benefit amounts, and expenses are the actual and true costs incurred.			
Signature: <u>Michael E. Boser</u>		MICHAEL ZANZANO Notary Public, State of New York No. 60 483-7765	
Print Name of Authorized Representative: <u>Forrest Manger</u>		Qualified in Westchester County Certificate Filed in Bronx County Public Commission Expires Aug 31, 2003	
Print Title: _____			

P/R Taxes &amp; Insurance %

CCCU - 02-26-2001 APPLY TO GROSS TAXABLE

AS FOLLOWS:

Reg Time 1 1/2 20  
39.22 56.8 73.82

SEP 05 2002 19:36

TOTAL P.02  
PAGE.02



DORMITORY AUTHORITY OF THE STATE OF NEW YORK  
515 Broadway  
Albany, New York 12207

## LABOR RATE WORKSHEET

Contractor Name: <u>G. M. CROSETTI INC</u>		Date: <u>9/26/02</u>	
Address: <u>3960 MERRITT AVENUE</u>		DASNY Project No.: _____	
<u>BAYNEX NY 10466</u>		Location: <u>BARUCH COLLEGE</u>	
Telephone No.: <u>718 994 0900</u>			

LABOR RATE BREAKDOWN (Use a separate sheet for each trade and classification)

Trade: TERRAZZO ASSISTANT - FOREMAN

Check One Box Only: Union Shop: ☒ Local #: 7

Open Shop: ☐

Effective Dates for Wage Rates: From 7/1/01 To 12/31/01

A. BASE RATE PER HOUR	REGULAR TIME		PREMIUM TIME	
	TIME	OVERTIME	DOUBLE TIME	
BENEFITS: (Check All Taxable Benefits That Apply)				
Vacation & Holiday	<input checked="" type="checkbox"/>	%	\$ 2.00	2.00
Health & Welfare	<input type="checkbox"/>	%	\$ 5.60	5.60
Pension	<input type="checkbox"/>	%	\$ 4.15	4.15
Annuity	<input type="checkbox"/>	%	\$ 3.00	3.00
INTL BAC PAC	<input checked="" type="checkbox"/>	%	\$ .03	.03
Supplemental Unemployment	<input type="checkbox"/>	%	\$ 2.00	2.00
Security Fund	<input checked="" type="checkbox"/>	%	\$ .05	.05
LOCAL PAC	<input checked="" type="checkbox"/>	%	\$ .02	.02
TRAVEL EXPENSE	<input checked="" type="checkbox"/>	%	\$ 1.42	1.42
INTL PENSION	<input type="checkbox"/>	%	\$ 1.50	1.50
IMI	<input type="checkbox"/>	%	\$ .22	.22
PROMOTIONAL FUND	<input type="checkbox"/>	%	\$ .10	.10
BUILDING FUND	<input checked="" type="checkbox"/>	%	\$ .10	.10
FOREMAN'S PAY	<input checked="" type="checkbox"/>	%	\$ 4.29	4.29
B. TOTAL BENEFITS PER HOUR			\$ 24.48	24.48
PAYROLL TAXES AND INSURANCE				
FICA	7.65 %	2.41	4.20	5.65
Federal Unemployment	.80 %	.31	.44	.57
State Unemployment	3.70 %	1.42	2.03	2.64
Workmen's Compensation	8.63 %	3.32	4.74	6.15
Disability	.40 %	.15	.15	.15
Gen. Liability	6.50 %	2.50	2.50	2.50
(hourly base rate plus taxable benefits) \$ _____ times _____ %				
C. TOTAL TAXES AND INSURANCE PER HOUR			\$ 10.64	10.64
D. TOTAL LABOR RATE (A + B + C) =			\$ 35.12	35.12

SECTION D: CONTRACTOR'S CERTIFICATION

I certify that the labor rates on this worksheet are the applicable prevailing wage rates, and that the labor rates, insurance costs, labor fringe benefit amounts, and expenses are the actual and true costs incurred.

Signature: MICHAEL E. BOBAL Notary Public, State of New York, Commission Expires 3/31/2003

Print Name of Authorized Representative: PAYROLL MANAGER Sworn before me this 26 day of Sept 2002

Print Title: \_\_\_\_\_

Pay roll taxes & insurance %s apply to gross pay as follows

CCCU - 02-26-2001

Reg Time 12x 2x.  
38.48 54.82 71.25

SEP 05 2002 19:36

① One hour extra pay - per day, 32.52 x \$150/wk TOTAL P.02 150  
PAGE.02 35 = 491

\*\* TOTAL PAGE.03 \*\*

08/11/2002 13:48 FAX 518 257 3488

DASNY 3rd FLOOR

003

MAY 09 2002 14:45 FR GM CROCCETTI

7189944505 TO 12126790837  
12126790831

P.02/03

PAGE 2/3



DORMITORY AUTHORITY OF THE STATE OF NEW YORK  
515 Broadway  
Albany, New York 12207

## LABOR RATE WORKSHEET

Contractor Name: GM Crocetti Inc. Date: 5/8/02  
Address: 3960 Merritt Ave DASNY Project No.:  
BRONX, NY 10466 Location: Baruch College Site B  
Telephone No.: (718) 994-0900

LABOR RATE BREAKDOWN (Use a separate sheet for each trade and classification)  
Trade: Concrete Terrazzo Mechanic  
Check One Box Only: Union Shop: ☒ Local #: 7  
Open Shop: ☐  
Effective Dates for Wage Rates: From 7/1/01 To 12/31/01

A. BASE RATE PER HOUR				REGULAR TIME	PREMIUM TIME	
				9.31.88	Overtime	Overtime
BENEFITS: (Check All Applicable Benefits That Apply)	Trouble Benefits	% per hour	\$ per hour		47.02	11.20
Vacation & Holiday	<input checked="" type="checkbox"/>	%	\$ 2.00	2.00	3.00	4.00
Health & Welfare	<input checked="" type="checkbox"/>	%	\$ 5.60	5.60	11.20	11.20
Pension	<input checked="" type="checkbox"/>	%	\$ 4.15	4.15	4.15	4.15
Annuitiy	<input checked="" type="checkbox"/>	%	\$ 3.00	3.00	4.60	6.00
International Brotherhood of Local P.A.C.	<input checked="" type="checkbox"/>	%	\$ .03	.03	.03	.03
Security Fund (Defense Fund)	<input checked="" type="checkbox"/>	%	\$ .02	.02	.02	.02
Travel Expense	<input checked="" type="checkbox"/>	%	\$ .05	.05	.05	.05
International Pension	<input checked="" type="checkbox"/>	%	\$ 1.42	1.42	1.42	1.42
IME	<input checked="" type="checkbox"/>	%	\$ 1.50	1.50	1.50	1.50
Provisional Fund	<input checked="" type="checkbox"/>	%	\$ .22	.22	.22	.22
Building Fund	<input checked="" type="checkbox"/>	%	\$ .10	.10	.10	.10
Unemployment S.M.B. Fund	<input checked="" type="checkbox"/>	%	\$ .10	.10	.10	.10
(Monthly Double Benefit)	<input checked="" type="checkbox"/>	%	\$ 2.00	2.00	2.00	2.00
		%	\$			
B. TOTAL BENEFITS PER HOUR				5.33.29	28.39	30.99
PAYROLL TAXES AND INSURANCE				5.33.29	28.39	30.99
FICA					28.39	30.99
Federal Unemployment		2.65%	2.70		4.00	5.29
State Unemployment		.80%	.18		.92	.92
Workman's Compensation		3.70%	1.31		1.43	2.56
Disability		8.63%	3.05		4.51	5.97
General Liability		.40%	.14		.14	.14
		6.50%	2.29		2.29	2.29
		27.68%				
C. TOTAL TAXES AND INSURANCE PER HOUR				5.97	13.29	16.80
D. TOTAL LABOR RATE (A+B+C)=				5.97	13.29	16.80
SECTION D: CONTRACTOR'S CERTIFICATION						
I certify that the labor rates on this worksheet are the applicable prevailing rates, and that the labor rates, insurance costs, labor fringe benefit amounts, and expenses are the actual and true costs incurred.						
Signature: <u>Michael E. Crocetti</u> Notary Public: <u>Michael E. Crocetti</u>						
Print Name of Authorized Representative: <u>Michael E. Crocetti</u>						
Print Title: <u>Payroll Manager</u>						

\* SUPPLEMENTAL (UNEMPLOYMENT - BENEFIT FUND)

CCCU-02-26-2001

① P.R. Taxes &amp; Insurance % apply to gross total as follows

Reg time 1.2x  
1.20 1.24 2x

MICHAEL ZANZANO  
Notary Public, State of New York  
No. 60-468-7765  
Qualified in Westchester County  
Certificate Filed in Bronx County  
Commission Expires Aug 31, 2005



06/11/2002 13:47 FAX 518 257 3488

DASNY 3rd FLOOR

002

MAY 09 2002 14:45 FR GM CROCETTI

7189944525 TO 12126790037

P.03/03

PAGE 2/3



DORMITORY AUTHORITY OF THE STATE OF NEW YORK  
515 Broadway  
Albany, New York 12207

## LABOR RATE WORKSHEET

Contractor Name: G M CROCETTI INC Date: 5/8/02  
Address: 3960 MERITT AVENUE DASNY Project No.:  
BROWN N.Y. 10466 Location: BARNCH COLLEGE  
Telephone No.:  
LABOR RATE BREAKDOWN (Use a separate sheet for each trade and classification) SITE B  
Trade: TELEASSISTANT  
Check One Box Only: Union Shop: ☒ Local #: 7  
Open Shop: ☐  
Effective Dates for Wage Rates: From 7/1/01 To 12/31/01

A. BASE RATE PER HOUR				REGULAR TIME	PREMIUM TIME	
				8:30-5:00	Overtime	Doubletime
BENEFITS: (Check All Taxable Benefits That Apply)	Taxable Benefits	% per hour	\$ per hour			
Vacation & Holiday	<input checked="" type="checkbox"/>	%	\$ 2.00	2.00	3.00	4.00
Health & Welfare	<input type="checkbox"/>	%	\$ 5.60	5.60	11.20	11.20
Pension	<input type="checkbox"/>	%	\$ 4.15	4.15	4.15	7.15
WFL BAC PRC	<input checked="" type="checkbox"/>	%	\$ 3.00	3.00	4.50	6.00
Supplemental Unemployment	<input type="checkbox"/>	%	\$ .03	.03	.045	.06
Security Fund (WFLN SE FB)	<input type="checkbox"/>	%	\$ 2.00	2.00	2.00	2.00
LOCAL PRC	<input checked="" type="checkbox"/>	%	\$ .05	.05	.075	.10
TRAVEL EXPENSE	<input checked="" type="checkbox"/>	%	\$ .02	.02	.03	.04
INTL PENSION	<input type="checkbox"/>	%	\$ 1.42	1.42	1.42	1.42
IMX	<input type="checkbox"/>	%	\$ 1.50	1.50	1.50	1.50
PROMOTIONAL FUND	<input type="checkbox"/>	%	\$ .22	.22	.22	.22
BUILDING FUND	<input checked="" type="checkbox"/>	%	\$ .10	.10	.10	.10
(Security Taxable Benefits)	<input type="checkbox"/>	%	\$ .10	.10	.15	.20
B. TOTAL BENEFITS PER HOUR				\$ 20.15	\$ 30.19	\$ 40.94
PAYROLL TAXES AND INSURANCE						
FICA						
Federal Unemployment		7.65 %	2.60		3.85	5.22
State Unemployment		.80 %	.27		.40	.53
Workmen's Compensation		3.70 %	1.26		1.89	2.46
Disability		3.43 %	1.14		1.71	2.28
Gratu. Liability		4.0 %	1.32		1.98	2.64
( hourly incentive plus incentive benefits )		6.50 %	2.21		3.32	4.42
		22.68 %			2.21	2.21
C. TOTAL TAXES AND INSURANCE PER HOUR				\$ 9.41	\$ 12.80	\$ 16.28
D. TOTAL LABOR RATE (A+B+C)=				\$ 30.19	\$ 42.99	\$ 57.22
SECTION D: CONTRACTOR'S CERTIFICATION						
I certify that the labor rates on this worksheet are the applicable prevailing wages, and that the labor rates, insurance costs, labor fringe benefit amounts, and expenses are the actual and true costs incurred.						
Signature: <u>Michael E. Borel</u>						
Print Name of Authorized Representative: <u>MICHAEL E. BOREL</u>						
Print Title: <u>PHYSICAL MANAGER</u>						
Signed before me this <u>9</u> day of <u>MAY</u> 2002						
Notary Public: <u>MICHAEL ZANZANO</u>						
Notary Public, State of New York						
No. 60 488-7785						
Qualified in Westchester County						
Certificate Filed in Bronx County						
Commission Expires Aug. 31, 2005						

CCCU-02-25-2001

① PIR TAXES &amp; INS. 7% apply to gross pay as follows

JAN 08 2002 11:24

Reg Time	1 1/2 x	2 x
33.98	50.97	67.96

59014

DORMITORY AUTHORITY OF NYS  
Anticipated to Pending Edit

Page No. : 12/17/02  
Date : 12/17/02

Budget Edit Run SUCCESSFUL  
--- FINAL MODE ---

Job Number 1277709999 BARUCH-Site B Facility  
Change Order No. 1019

Project Number	Min Sub	JA (Pri Bdgt)	AA (Actual)	PA (Open Ctr)	PE (Pending)	Requested Amount	Remaining Amount	Remarks
1277709999	5	225,149,857.00	221,217,617.08	2,681,549.60	463,614.59	20,720.00	766,355.73	

\*\*\* End of Report \*\*\*

Program ID : +PS9010  
Version : ZHST00164

Batch Multi-Funding BB II  
Budget Edit II Batch  
Multi Funding Edit Run

Report Date : 12/24/02  
Report Time : 11:16:42

The Following Version Options Were Selected:  
Print Cover Page (Y/N) . . . . . Y  
Print Instructions (Y/N) . . . . . N  
User Exclusive (0/1/2/3) . . . . . 1  
User ID . . . . . PVANCE

The Following Forms Options Were Selected:  
Form Type . . . . .  
Maximum Form Width . . . . .  
Maximum Form Length . . . . .  
Location of Page Overflow . . . . .

The Following Printer Options Were Selected:  
Print Queue . . . . . Y  
Hid in prt Queue (Y/N/S/T) . . . . . Y  
Lines/Inch (4/6/8/9) . . . . .  
Char./Inch (10/15) . . . . .  
Number of Report Copies . . . . . 001

The Following Processing Options Were Selected:  
MULTI-FUNDING PROCESSING (OPTIONAL):  
1. Enter a 1 if the Multi-Funding  
Update procedure is to be run.  
Note: A blank entry results in  
no update processing

1  
61506  
ZS  
062  
1277709999

CONTRACT IDENTIFICATION (REQUIRED):  
2. Enter the contract number.  
3. Enter the contract type.  
4. Enter the suffix (CO or AMDMNT)  
4A. Enter Project number associated  
with Contract to process.

LEDGER TYPES (OPTIONAL):  
More...  
5. Enter the G/L Ledger type to be  
used for the job/funding ledger.  
If blank, G/L will be used.  
6. Enter the G/L ledger type to be  
used for the project Budget ledger.  
(If blank, JA will be used)

B1  
JA

FISCAL DATE:  
9.) Enter the Fiscal date to be used  
for this run (If left blank then  
today's date will be used.)

BUSINESS UNIT TYPE(S):  
More...  
10.) Enter Valid Project Types for  
Multi-Funding.  
EX: PJ,AA,BB (If left  
blank Default will be = 'PJ')

PJ,PH

Program ID : +P59010  
Version : ZTEST00164

Batch Multi-Funding BE II  
Budget Edit II Batch  
Multi Funding Edit Run

Report Date : 12/24/02  
Report Time : 11:18:42

JB, JH

11.) Enter up to 8 additional Job  
Types for Multi Funding  
Ex: JB, JI, JH (if left blank  
Default will be "JB")

MORE

TERM OR EMERGENCY PROCESSING  
12) Enter a '1' to process a Change  
Prior or Amendment to another  
prior (attach the contract were  
a Term Contract)  
Note Well: This option should only  
be used for work where Management  
has clearly authorized this amend-  
ment or change order.

- MORE -

CREDIT CHANGE PROCESSING

13) Enter a '1' to make sure that no  
single account PA in a job  
becomes negative when a credit is  
applied. (Default is '1')  
If you are going to change this option  
you are responsible to make sure  
that the credit is PAID immediately  
you cannot use the '1' option to  
close a contract.

- BOTTOM -

The Following Sequencing/Selection Options Were Selected:

Data Item	Selection Rel	Value	Opt	No	Seq
Order Number					1
Order Type					2
Order Suffix					3

The Following Report Distributions were Entered:  
\*\* None Selected \*\*

59010

DORMITORY AUTHORITY OF NYS  
Budget Edit II Batch  
Multi Funding Edit RunPage No. : 12/24/02  
Date : 12/24/02

Contract Number	Order Co	Or Co	Line Number	Project Number	Fund Number	Obj Acct	Sub	Line Description	Extended Price
61506	99999	ZS	.001	1277709999	1277709999	1277709999	000	Header	
				Account Number	1277709999	1277709999	000		
				Contract Line	Has Been Funded				
61506	99999	ZS	.002	1277709999	1277709999	1277709999	1331	51000056 PAYMENT LINE FOR CO# 062	16,321.00
				Account Number	1277709999	1277709999	1331	51000056	
				Contract Line	Has Been Funded				
61506	99999	ZS	.003	1277709999	1277709999	1277709999	1332	51000056 PAYMENT LINE FOR CO# 062	4,399.00
				Account Number	1277709999	1277709999	1332	51000056	
				Contract Line	Has Been Funded				
-----									
Total Amount Has Been funded:									20,720.00